

ROGER BACON HIGH SCHOOL

ATHLETIC ACKNOWLEDGMENT & RELEASE: 2017-2018

STUDENT

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS of INJURY. I understand that the dangers and risks of playing or practicing to play/participate in school sponsored sports include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health, and well-being. I understand that the dangers of playing or practicing to play/participate in any school sponsored sport may result not only in serious injury but serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in any school sponsored sports, I recognize the importance of following the coach's instructions regarding playing techniques, training, and other team rules, etc. and agree to obey such instructions.

In consideration of Roger Bacon High School permitting me to try out for a school sponsored sport and to engage in all activities related to the team(s), including but not limited to, trying out, playing or practicing to play/participate in that sport(s), I hereby assume all the risks associated with participation and agree to hold Roger Bacon High School, the Franciscan Friars of St. John the Baptist Province, Cincinnati, OH., collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind or nature whatsoever which may arise by or in connection with my participation in any activities related to Roger Bacon High School athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE _____ STUDENT SIGNATURE **X** _____

PARENT/GUARDIAN

I, (PRINT) _____, am the legal guardian of (PRINT) _____
 I have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to, those outlined above.

In consideration of Roger Bacon High School permitting my child to try out for a school sponsored sport and to engage in all activities related to the team(s), including, but not limited to trying out, playing or practicing to play/participate in that sport(s). I hereby agree to hold Roger Bacon High School, the Franciscan Friars of St. John the Baptist Province, Cincinnati, OH., collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the Roger Bacon High School athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE _____ PARENT SIGNATURE **X** _____

Write a check on the line beside the sport(s) in which this athlete intends to participate this school year.

- | <u>Fall</u> | <u>Winter</u> | <u>Spring</u> |
|-------------------------|-------------------------|------------------------|
| _____ Cheerleading | _____ Basketball | _____ Baseball |
| _____ Cross Country | _____ Bowling | _____ Boys- Tennis |
| _____ Football | _____ Dance Team | _____ Boys- Volleyball |
| _____ Girls- Tennis | _____ Gymnastics | _____ Softball |
| _____ Girls- Volleyball | _____ Swimming & Diving | _____ Track & Field |
| _____ Golf | _____ Underwater Hockey | |
| _____ Soccer | _____ Wrestling | |

Roger Bacon High School
EMERGENCY MEDICAL AUTHORIZATION

Student Name _____ Date of Birth _____ Grade _____
 Address _____ City _____ State _____ Zip _____ Telephone _____

Purpose: To authorize the provision of emergency treatment for children who when parents or guardians cannot be reached.

A. Residential Parent/Guardian

Mother Name _____ Daytime Phone Number _____ Cell _____
 Father Name _____ Daytime Phone Number _____ Cell _____
 Other Name/Relationship _____ Daytime Phone Number _____ Cell _____

B. Name of Relative or Childcare Provider:

Name _____ Relationship _____
 Address _____ Phone Number _____

***** **PART I OR PART II MUST BE COMPLETED AND SIGNED** *****

PART I MUST BE COMPLETED TO GRANT CONSENT	
I hereby give consent for the following medical care providers/local hospital to be called in case of an emergency:	
Doctor's Name	Phone Number
Dentist's Name	Phone Number
Medical Specialist	Phone Number
Local Hospital	Medical Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> Company _____
<p>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:</p> <ol style="list-style-type: none"> 1. The administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist. 2. The transfer of the child to any hospital reasonable accessible. <p>This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</p> <p>Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____</p> <p>_____</p> <p>_____</p>	
Signature of Parent/Guardian _____ Date _____	
Address _____	

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II- REFUSAL TO CONSENT
<p>I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.</p> <p>_____</p> <p>_____</p>
Signature of Parent/Guardian _____ Date _____
Address _____

Alcohol, Drug and Tobacco Policy

The Athletic Department's drug, alcohol, and tobacco policy is as follows: The possession, use or selling of alcohol, drugs, drug paraphernalia, or tobacco on school property and at any school sponsored event is strictly forbidden. This includes substances which are thought to be, inferred to be or sold as drugs. Violation of this policy will result in the student being disciplined in accordance with our established consequences.

CONSEQUENCES

First Offense:

- A. The student athlete and parents must meet with the Coach and the Athletic Director.
- B. The student athlete will be given 2 Saturday work details.
- C. The student athlete will be suspended for 2 consecutive contests. If the sport has 10 or fewer scheduled contests, the athlete will endure a 1 game suspension. In both cases the athlete must attend and participate in all practices.
- D. The suspended student athlete may not be in game uniform, but may sit on the bench at the coach's discretion.

Second Offense:

- A. The student athlete and parents must meet with the Coach, Athletic Director, and Dean of Students.
- B. The student athlete will be sent for an evaluation, by the Dean of Discipline, at the parents' expense. The student athlete and parents must agree to follow the recommendations resulting from the evaluation or be dismissed from all sports teams.
- C. The student athlete will be given 2 Saturday work details.
- D. The student athlete will not be able to participate in any games for 30 days, but must attend and participate in all practices.
- E. If the 30 day suspension occurs during the Spring Sports season the student athlete will serve the remainder of the 30 day suspension during his or her next sport season.

Third Offense:

The student athlete will be permanently banned from all Roger Bacon High School sports teams.

**A student athlete who has violated our drug, alcohol and tobacco policy should use his or her own initiative to seek help from the Coach or Athletic Director. These instances will be dealt with on an individual basis.*

***Senior student athletes that participate in only one sport will have their consequences adjusted if necessary at the discretion of the Athletic Director, Principal, and Dean of Students.*

****The school's policy always overrides any organization's policy, when a violation occurs at any school related activity or function.*

Student's Pledge

As an athlete, I pledge to abide by all rules regarding the use of alcohol, tobacco, and drugs, including anabolic steroids. I understand that alcohol, tobacco, and drug addiction is a disease and, even though it may be treatable, it has serious physical and emotional effects - effects that would hurt my family, my team, my school and me. I understand further that the use of these substances by a minor is unlawful. Given the serious dangers of alcohol and drug use, I accept and pledge to follow all rules and laws established by my school, team and community regarding the use of alcohol and drugs. These include the rules listed in my school's student handbook and any other rules established by my coach.

To demonstrate my support, I pledge to:

1. Not possess, use, sell, give or otherwise transfer, or be under the influence of any illegal drug or counterfeit controlled substance which is prohibited by law. This includes alcohol, tobacco, other intoxicants, illegal drugs, controlled substances, intoxicating inhalants, or look alikes.
2. Not cover up or lie for my teammates if they use illegal substances. I will hold my fellow teammates fully responsible and accountable for their actions.
3. Not knowingly attend any party in which alcohol or drugs are being consumed.
4. Seek information and assistance in dealing with my own or other students' problems relating to alcohol or drugs.
5. Be honest and open with my parents or guardians about my feelings and problems
6. Be honest and open with my coach and other school or community personnel.

Harassment/Hazing Policy

Roger Bacon High School's harassment policy forbids any form of offensive, unsolicited behavior which is directed to an employee's or student's race, gender, religious belief, nationality, disability or sexual orientation. Any verbal jokes, innuendo, propositions or threats, non-verbal gestures, touching, assault, or the display of pictures or other visual material are forbidden under this policy.

Additionally, it is the policy of Roger Bacon High School that no form of hazing or initiation into any group or team is permitted. Hazing is defined as doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization that causes or creates a risk of causing mental or physical harm to any person. All hazing incidents shall be reported immediately to the principal.

Violation of this policy will not only affect one's standing as an athlete, but may also subject the student to the high school's code of conduct and any consequences that may arise due to such a violation.

As an athlete, I pledge to abide by all rules regarding the harassment/hazing policy

Student signature

Date

Parent/Guardian signature

Date

***Parents/Guardians we ask that you co-sign this pledge to show your support.

This Policy will be in effect for the duration of the student's high school career at Roger Bacon High School



Ohio High School Athletic Association

PREPARTICIPATION PHYSICAL EVALUATION 2017-2018



HISTORY FORM – Please be advised that this paper form is no longer the OHSAA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		

3.	Have you ever spent the night in the hospital?		
4.	Have you ever had surgery?		

HEART HEALTH QUESTIONS ABOUT YOU

	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		

BONE AND JOINT QUESTIONS

	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		

BONE AND JOINT QUESTIONS - CONTINUED		Yes	No
22.	Do you regularly use a brace, orthotics, or other assistive device?		
23.	Do you have a bone, muscle, or joint injury that bothers you?		
24.	Do any of your joints become painful, swollen, feel warm, or look red?		
25.	Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS

	Yes	No	
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27.	Have you ever used an inhaler or taken asthma medicine?		
28.	Is there anyone in your family who has asthma?		
29.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30.	Do you have groin pain or a painful bulge or hernia in the groin area?		
31.	Have you had infectious mononucleosis (mono) within the past month?		
32.	Do you have any rashes, pressure sores, or other skin problems?		
33.	Have you had a herpes (cold sores) or MRSA (staph) skin infection?		
34.	Have you ever had a head injury or concussion?		
35.	Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36.	Do you have a history of seizure disorder or epilepsy?		
37.	Do you have headaches with exercise?		
38.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39.	Have you ever been unable to move your arms or legs after being hit or falling?		
40.	Have you ever become ill while exercising in the heat?		
41.	Do you get frequent muscle cramps when exercising?		
42.	Do you or someone in your family have sickle cell trait or disease?		
43.	Have you had any problems with your eyes or vision?		
44.	Have you had an eye injury?		
45.	Do you wear glasses or contact lenses?		
46.	Do you wear protective eyewear, such as goggles or a face shield?		
47.	Do you worry about your weight?		
48.	Are you trying to gain or lose weight? Has anyone recommended that you do?		
49.	Are you on a special diet or do you avoid certain types of foods?		
50.	Have you ever had an eating disorder?		
51.	Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY			
52.	Have you ever had a menstrual period?		
53.	How old were you when you had your first menstrual period?		
54.	How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____



Ohio High School Athletic Association

PREPARTICIPATION PHYSICAL EVALUATION 2017-2018



THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device or prosthetic?		
7. Do you use a special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you have any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



Ohio High School Athletic Association

PREPARTICIPATION PHYSICAL EVALUATION 2017-2018



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet or use condoms?
 - Do you consume energy drinks?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION	DATE OF EXAMINATION _____	
Height _____ Weight _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP _____ / _____ (_____ / _____) Pulse _____	Vision R 20/ _____	L20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat Pupils equal Hearing		
Lymph nodes		
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)		
Pulses Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional Duck walk, single leg hop		

^aConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third part present is recommended.
^cConsider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not Cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



OHSAA AUTHORIZATION FORM 2017-2018

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is a not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature

Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): Parent Legal Guardian (documentation must be provided)


Signature of Student's personal representative, if applicable


Date

A copy of this signed form has been provided to the student or his/her personal representative

PREPARTICIPATION PHYSICAL EVALUATION 2017-2018
2017-2018 Ohio High School Athletic Association Eligibility and Authorization Statement


This document is to be signed by the participant from an OHSAA member school and by the participant's parent.


 I have read, understand and acknowledge receipt of the **OHSAA Student Athlete Eligibility Guide** which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at ohsaa.org.


 I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.


 I understand that participation in interscholastic athletics is a **privilege not a right**.


Student Code of Responsibility

 As a student athlete, I **understand and accept** the following responsibilities:


 I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.


 I will be **fully responsible** for my own actions and the consequences of my actions.


 I will **respect the property** of others.


 I will **respect and obey the rules** of my school and laws of my community, state and country.


 I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.


 I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.


 **Informed Consent** – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**


 I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

 I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.

 To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

 I **consent to the OHSAA's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

 I **understand that if I drop a class**, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I **accept full responsibility** for compliance with Bylaw 4-4-1, Scholarship, and the passing five credit standard expressed therein.

 I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

 I **have read and signed** the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.

 **By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.**

***Must Be Signed Before Physical Examination**

Student's Signature _____ Birth date _____ Grade in School _____ Date _____

Parent's or Guardian's Signature _____ Date _____